**Skw’une-was Family Groups**

*(fillable Word document available* [*here*](https://cheakamuscentre.ca/assets/docs/forms/2018/Family_Groups_Form.docx)*)*

\*\*If you have **32 or fewer** students, please use 4 family groups (no Wool Weaver group). Please include preferred names.

Please email with Class List, Group Profile, Medical forms, Informed Consent forms, and Group Medical Summary to odsclinic@sd44.ca **at least 2 weeks** before your group’s arrival.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **School Name:** |  | **Teacher’s Name:** |  | **Program Dates:** |  |

|  |  |  |
| --- | --- | --- |
| **Hunters & Fishers**Elder 1)  | **Cedar Bark Workers**Elder: 1)  | **Wool Weavers**Elder: 1)  |
| 2)  | 2)  | 2)  |
| 3)  | 3)  | 3)  |
| 4)  | 4)  | 4)  |
| 5)  | 5)  | 5)  |
| 6)  | 6)  | 6)  |
| 7)  | 7)  | 7)  |
| 8)  | 8)  | 8)  |
| **Wood Workers**Elder 1)  | **Plant Gatherers**Elder: 1)  |  |
| 2)  | 2)  |  |
| 3)  | 3)  | Teacher:  |
| 4)  | 4)  |   |
| 5)  | 5)  | Floater:  |
| 6)  | 6)  |   |
| 7)  | 7)  | EA:  |
| 8)  | 8)  |   |